



General Assembly

## ***Amendment***

***February Session, 2016***

**LCO No. 5986**



Offered by:

REP. SAMPSON, 80<sup>th</sup> Dist.

REP. SCOTT, 40<sup>th</sup> Dist.

To: Senate Bill No. **34**

File No. 83

Cal. No. 451

***"AN ACT CONCERNING DISPENSATION AND COVERAGE OF A  
PRESCRIBED DRUG FOR A CHRONIC DISEASE DURING  
CERTAIN ADVERSE DETERMINATION REVIEWS, AND  
DECREASING THE TIME FRAMES FOR URGENT CARE ADVERSE  
DETERMINATION REVIEW REQUESTS."***

1 After the last section, add the following and renumber sections and  
2 internal references accordingly:

3 "Sec. 501. Section 20-7f of the 2016 supplement to the general  
4 statutes, as amended by section 11 of public act 15-146, is repealed and  
5 the following is substituted in lieu thereof (*Effective July 1, 2016*):

6 (a) For purposes of this section:

7 (1) "Request payment" includes, but is not limited to, submitting a  
8 bill for services not actually owed or submitting for such services an  
9 invoice or other communication detailing the cost of the services that is  
10 not clearly marked with the phrase "This is not a bill".

11 (2) "Health care provider" means a person licensed to provide health  
12 care services under chapters 370 to 373, inclusive, chapters 375 to 383b,  
13 inclusive, chapters 384a to 384c, inclusive, or chapter 400j.

14 (3) "Enrollee" means a person who has contracted for or who  
15 participates in a health care plan for such enrollee or such enrollee's  
16 eligible dependents.

17 (4) "Coinsurance, copayment, deductible or other out-of-pocket  
18 expense" means the portion of a charge for services covered by a health  
19 care plan that, under the plan's terms, it is the obligation of the enrollee  
20 to pay.

21 (5) "Health care plan" has the same meaning as provided in  
22 subsection (a) of section 38a-477aa.

23 (6) "Health carrier" has the same meaning as provided in subsection  
24 (a) of section 38a-477aa.

25 (7) "Emergency services" has the same meaning as provided in  
26 subsection (a) of section 38a-477aa.

27 (b) It shall be an unfair trade practice in violation of chapter 735a for  
28 any health care provider to request payment from an enrollee, other  
29 than a coinsurance, copayment, deductible or other out-of-pocket  
30 expense, for (1) health care services or a facility fee, as defined in  
31 section 19a-508c, covered under a health care plan, (2) emergency  
32 services covered under a health care plan and rendered by an out-of-  
33 network health care provider, or (3) a surprise bill, as defined in  
34 section 38a-477aa.

35 (c) It shall be an unfair trade practice in violation of chapter 735a for  
36 any health care provider to report to a credit reporting agency an  
37 enrollee's failure to pay a bill for the services, facility fee or surprise bill  
38 as set forth in subsection (b) of this section, when a health carrier has  
39 primary responsibility for payment of such services, fees or bills.

40 (d) A health care provider that requests payment from an enrollee

41 for a coinsurance, copayment, deductible or other out-of-pocket  
42 expense or for health care services rendered that are not covered under  
43 a health care plan shall include in any invoice or other communication  
44 detailing the cost of the services to an enrollee the following statement  
45 in not less than eighteen-point font: "THIS IS NOT A BILL UNLESS IT  
46 REFLECTS ADJUDICATION WITH YOUR HEALTH CARRIER,  
47 WORKERS' COMPENSATION CARRIER AND/OR PROPERTY  
48 CASUALTY CARRIER. DO NOT PAY UNLESS YOUR INSURANCE  
49 PAYMENT IS REFLECTED ON THIS INVOICE."

This act shall take effect as follows and shall amend the following sections:

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| Sec. 501 | July 1, 2016 | 20-7f |
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